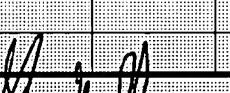


Issue Classification	Application No.	Applicant(s)
	10/075,488	TUFTE, BRIAN N.
Examiner	Art Unit	
	Ismael Negron	2875

ORIGINAL				CROSS REFERENCE(S)						
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
362		223		362	581	364	365	505		
INTERNATIONAL CLASSIFICATION										
F	-2	1	S	4/00						
				/						
				/						
				/						
				/						
Ismael Negron 8/27/2004 (Assistant Examiner) (Date)					 THOMAS M. SEMBER PRIMARY EXAMINER				Total Claims Allowed: 29	
(Legal Instruments Examiner) (Date)					(Primary Examiner)		(Date)		O.G. Print Claim(s)	O.G. Print Fig.
							09/13/04		1	44

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	26	31	61	91	121	151
2		27	32	62	92	122	152
3	3	28	33	63	93	123	153
4	4	13	34	64	94	124	154
5	5	17	35	65	95	125	155
6	6	24	36	66	96	126	156
7	7	29	37	67	97	127	157
8	8		38	68	98	128	158
15	9		39	69	99	129	159
16	10		40	70	100	130	160
	11		41	71	101	131	161
2	12		42	72	102	132	162
9	13		43	73	103	133	163
10	14		44	74	104	134	164
	15		45	75	105	135	165
11	16		46	76	106	136	166
12	17		47	77	107	137	167
	18		48	78	108	138	168
	19		49	79	109	139	169
	20		50	80	110	140	170
19	21		51	81	111	141	171
20	22		52	82	112	142	172
14	23		53	83	113	143	173
	24		54	84	114	144	174
21	25		55	85	115	145	175
	26		56	86	116	146	176
18	27		57	87	117	147	177
22	28		58	88	118	148	178
23	29		59	89	119	149	179
25	30		60	90	120	150	180

Issue Classification 	Application No.	Applicant(s)
	10/075,488	TUFTE, BRIAN N.
	Examiner Ismael Negron	Art Unit 2875

ORIGINAL			CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
362	223	362	581	364	365	505		
INTERNATIONAL CLASSIFICATION								
F	E	2	1	S	4/00	/	/	/
/	/	/	/	/	/	/	/	/
Ismael Negron 8/27/2004 (Assistant Examiner) (Date)			THOMAS M. SEMBER PRIMARY EXAMINER (Primary Examiner) (Date) 6/3/04					
(Legal Instruments Examiner) (Date)			Total Claims Allowed: 29			O.G. Print Claim(s)	O.G. Print Fig.	
						1	44	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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4	10	27	32	62	92	122	152
3	3	28	33	63	93	123	153
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5	5	17	35	65	95	125	155
6	6	24	36	66	96	126	156
7	7	29	37	67	97	127	157
8	8	38	38	68	98	128	158
15	9	39	69	99	129	129	159
16	10	40	70	100	130	130	160
44	44	41	71	101	131	131	161
2	12	42	72	102	132	132	162
9	13	43	73	103	133	133	163
10	14	44	74	104	134	134	164
46	46	45	75	105	135	135	165
11	16	46	76	106	136	136	166
12	17	47	77	107	137	137	167
48	48	48	78	108	138	138	168
19	21	49	79	109	139	139	169
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14	23	51	81	111	141	141	171
24	24	52	82	112	142	142	172
21	25	53	83	113	143	143	173
26	26	54	84	114	144	144	174
18	27	55	85	115	145	145	175
22	28	56	86	116	146	146	176
23	29	57	87	117	147	147	177
25	30	58	88	118	148	148	178
		59	89	119	149	149	179
		60	90	120	150	150	210